



GROUP HOMES AND DRUG/ALCOHOL TREATMENT CENTERS MONTHLY LISTING

ND DEPARTMENT OF HUMAN SERVICES

FOOD STAMPS PROGRAM

SFN 202 (Rev. 09/2003)

Facility Name:			Provider Address:			
City:	State:	Zip:	Report Month and Year:			

Client Name	Social Security Number	Case Number	Income or Other Changes	Date Client Departed	EBT Card Returned	Amount of FS Returned to Client

Signature of Group Home/Center Official:	Date:
--	-------

DISTRIBUTION: **COPY 1** - County Social Service Office **COPY 2** - GLA/Treatment Center